

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/14/2025	
NAME OF PROVIDER OR SUPPLIER THE MADISON HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 111 KELLY BLVD , MADISON, Mississippi, 39110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
M0000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI), MS #493600, MS# 493602, MS #493604 at the facility on 08/14/25 related to staffing and resident rights concerns. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged and Infirm state licensure requirement and there were no deficiencies cited. The facility held a license for 60 beds, with a census of 57.			M0000			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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